



Manila International Airport Authority ACCIDENT/INCIDENT REPORT

Incident Report No.: (to be filled out by SMSO)

Date of Incident:

Time:

Type of Incident (✓ ALL appropriate incident types)

Location:

- Runway _____
- Taxiway _____
- Apron _____
- Terminal _____
- Gen. Aviation _____
- Fuel Facility _____
- GSE/maintenance _____
- Airborne _____
- Other/s _____

Attachments:

- Photograph(s)
- Diagram
- Other/s _____

Conditions:

- Dawn
- Daylight
- Dusk
- Night
- Rainy
- Windy

Ground Operations:

- Aircraft – aircraft impact
- Aircraft – ground support equipment impact
- Excursion (aircraft)
- Incursion - vehicle aircraft others _____
- Vehicle/GSE accident
- Apron/ramp deficiency

Aerodrome:

- FOD Ingestion
- Physical Surface deficiency
- Physical Obstruction
- Surface marking deficiency
- Equipment/installation deficiency
- Wildlife activity / incursion

Dangerous Goods and Cargo:

- Fuel / Oil spill
 - Dangerous Goods damage/leak/spill
 - Dangerous Goods mis/non-declaration
 - Other cargo mis/non-declaration
- DGR UN ID

Airspace:

- Bird / wildlife strike
Specimen: _____
- Number seen: 1 2-10 11-100 100+
- Number hit: 1 2-10 11-100 100+
- Aircraft – aircraft impact

Facilities:

- Fire in building
- Fire elsewhere on airport site
- Equipment failure / unserviceability
- Building damage / unavailability
- Electrical System failure

Other/s:

Personal Injury Details (attach separate form for multiple persons):

Personal Data:

Full Name:

Address:

Phone:

- MIAA employee
- Contractor
- Flight crew
- Passenger
- Public
- Other/s: _____

Treatment:

- None
- First Aid
- Doctor/Medical Team
- Ambulance
- Hospital
- Other/s: _____

Cause of harm:

- Slip, trip or fall
- Body stressing (inc. manual handling)
- Fall from height
- Mental stress / fatigue
- Assault
- Hitting object(s) with body
- Being hit by moving object / vehicle
- Fixed equipment/machinery/GSE
- Electricity
- Chemical/DG/HazMat exposure
- Virus exposure
- Other/s: _____

Body part(s):

- Arm(s) } Left
- Leg(s) } Right
- Hand(s)
- Foot/feet
- Eye(s)
- Ear(s)
- Head
- Face
- Neck
- Chest
- Torso
- Back
- Respiratory
- Internal organs

Nature of harm:

- Cut / scrape / abrasion
- Fracture
- Burn
- Crushing
- Bruising
- Dislocation
- Sprain or strain
- Puncture
- Amputation (inc. eye)
- Foreign object impalement
- Nervous system
- Poisoning / toxic effects
- Loss of consciousness
- Asphyxia / breathing difficulties

Rescue and Fire callout:

<input type="checkbox"/> Emergency Plan No. 1 (Aircraft Crash) - <input type="checkbox"/> on-airport <input type="checkbox"/> off-airport	<input type="checkbox"/> Emergency Plan No. 5 (Removal of Disabled Aircraft)
<input type="checkbox"/> Emergency Plan No. 2 (Runway Standby)	<input type="checkbox"/> Emergency Plan No. 6 - <input type="checkbox"/> Fire <input type="checkbox"/> Earthquake
<input type="checkbox"/> Emergency Plan No. 3 (Station Standby)	<input type="checkbox"/> Other/s: _____

Ground Handling Incidents:

Phase of handling:	<input type="checkbox"/> Equipment positioning	<input type="checkbox"/> Aircraft loading	<input type="checkbox"/> Engineering / maintenance
	<input type="checkbox"/> Aircraft unloading	<input type="checkbox"/> Servicing	<input type="checkbox"/> Other/s: _____
GSE asset:	<input type="checkbox"/> Belt loader	<input type="checkbox"/> Hi-lift platform / vehicle	<input type="checkbox"/> Forklift
	<input type="checkbox"/> Equipment tug	<input type="checkbox"/> Toilet service	<input type="checkbox"/> Baggage trailer / dolly
	<input type="checkbox"/> Steps	<input type="checkbox"/> Fueling vehicle	<input type="checkbox"/> Air-conditioning unit
	<input type="checkbox"/> Wash rig	<input type="checkbox"/> GPU	<input type="checkbox"/> Other/s: _____
Aircraft damage:	<input type="checkbox"/> Engine	<input type="checkbox"/> Cargo hold	<input type="checkbox"/> Control surfaces
	<input type="checkbox"/> Fuselage (inc. fittings/fixtures)	<input type="checkbox"/> Cargo door / frame	<input type="checkbox"/> Undercarriage
	<input type="checkbox"/> Wing(s)	<input type="checkbox"/> Passenger door / frame	<input type="checkbox"/> Lights
Driver / operator:	Full name: _____		Phone: _____
	Position: _____	Company/Department/Division/Office: _____	

Aircraft Incidents *(attach separate form for multiple aircraft):*

Type:		Registration:	Operator:
People on board:	pax	crew	Origin / Destination:
			Name of Pilot: (if applicable)
<input type="checkbox"/> Standing / parked	<input type="checkbox"/> Take off / climb	<input type="checkbox"/> Circuit / holding / hover	
<input type="checkbox"/> Pushback / towing	<input type="checkbox"/> Approach	<input type="checkbox"/> Other/s _____	
<input type="checkbox"/> Taxiing	<input type="checkbox"/> Landing		

Description of Incident:

Corrective Action *(Describe how the incident has been acted upon. Use separate sheet if necessary.)*

Interim Correction
 Permanent Correction
 Requires Top Management Decision

Your Details:		Distribution:		
Name		Name of Office	Received by	Date received
Dept/Div/Office/ Organization		Office of the GM		
Contact Number/ email address		SMS Office <i>✉ email address: sms.mnl.ph@gmail.com</i>		
Signature	Date	Others (specify):		
		1.		
		2.		
Endorsed by:		3.		
		4.		
Head of Office <i>(Signature over printed name)</i>	Date	5.		